FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		See instructions)	ION	Office	e use only
1. NAME OF COMMITTEE (in	(Chec	ck if name anged)	Example: If typying, type over the lines	12FE4M5	
Foley & Lardn	er Political Fund, Inc.	1111		11111	
		1111		11111	
ADDRESS (number and s	3000 K ST	REET NW			
(Check if address is changed)	washing	TON .		DC L	20007
COMMITTEE'S E-MAI	I ADDRESS	CI	ГҮ▲	STATE	ZIP CODE 📥
mleeds@foley					
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
	1111111			11111	
	1111111	<u> </u>	<u> </u>	11111	
COMMITTEE'S FAX N	UMBER				
نا لنا					
2. DATE 0 3	/ D D / Y Y 20	° 7			
3. FEC IDENTIFICA	TION NUMBER	C	C00105338	]	
4. IS THIS STATEM	ENT NEW (N)	OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and to the	best of my knowled	lge and belief it is true, correct an	d complete	
Type or Print Name of	Treasurer Mr. Th	neodore Borns	stein		
Signature of Treasurer	Electronically Filed by	Mr. Theodore	Bornstein	Date 03 M	D 2D / Y Y Y Y Y Y Y Y
NOTE: Submission of fal	·	-	oject the person signing this State	•	2 U.S.C. S437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)

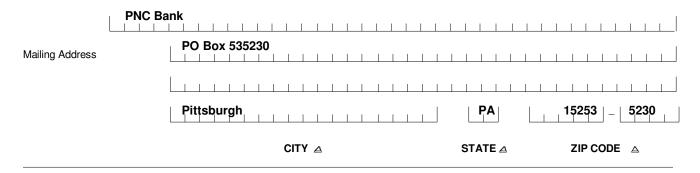
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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Office House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		Democratic, epublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from committee.	und or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
		1
		[-] [
	CITY <b>≜</b> STATE <b>≜</b>	ZIP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiza	ition
	Membership Organization Trade Association Cooperative	

Revised 02/2003)		Page <b>3</b>
e Name		
Political Fund, Inc.		
	er optional), and position of th	ne person in
Ms. Michelle A Leeds		
3000 K Street, NW, Sui	te 500	
Washington	DC	20007
CITY A	STATE▲	ZIP CODE A
sistant Treasurer	<b>202</b> Telephone number	
3000 K Street, NW, Sui	te 500	
Washington		20007
Washington CITY A		20007
CITY A	STATE A	ZIP CODE A
easurer	STATE A  Telephone number	ZIP CODE A
easurer  Ms. Michelle A Leeds	STATE A  Telephone number	ZIP CODE A
easurer  Ms. Michelle A Leeds  3000 K Street, NW, Sui	Telephone number  202 te 500	ZIP CODE <b>A</b> 945 6188
r .	r Political Fund, Inc. rds: Identify by name, address, (phone numb mmittee books and records.  Ms. Michelle A Leeds  3000 K Street, NW, Sui  Washington  CITY A  esistant Treasurer  ne name and address (phone number optionals of any designated agent (e.g., assistant treasure)  Mr. Theodore H. Bornstein	r Political Fund, Inc. rds: Identify by name, address, (phone number optional), and position of the mmittee books and records.  Ms. Michelle A Leeds  3000 K Street, NW, Suite 500  Washington  DC  CITY A STATE A  esistant Treasurer  Telephone number  the name and address (phone number optional) of the treasurer of the commits of any designated agent (e.g., assistant treasurer).

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9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.



Corporation

Membership Organization

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Banks or Other Deposito safety deposit boxes or mai Name of Bank, Depository,	intains funds.	, holds accounts, rents
Sun	nTrust Bank	
Mailing Address	P.O. Box 622227	
	L Orlanda	20000   0007
	Orlando FL	32862 _ 2227
	CITY \( \triangle \) STATE \( \triangle \)	ZIP CODE 🛆
Name of Any Connected	d Organization or Affiliated Committee	[ ADDITIONAL ]
Name of Any Connected	l Organization or Affiliated Committee	[ ADDITIONAL ]
Name of Any Connected	I Organization or Affiliated Committee	[ ADDITIONAL ]
	I Organization or Affiliated Committee	[ ADDITIONAL ]
Name of Any Connected  Mailing Address		[ ADDITIONAL ]
	d Organization or Affiliated Committee	[ ADDITIONAL ]
		[ ADDITIONAL ]
Mailing Address	CITY A STATE A	

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent		[ ADDITIONAL ]
Full Name		
Mailing Address		
Title or Position ♥	CITY A	STATE A ZIP CODE A
	Te	elephone number